

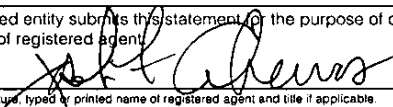
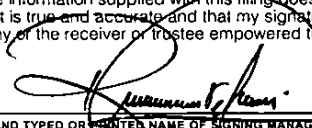


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90029 001 ***277.50

DOCUMENT # L07000112792					
1. Entity Name EURO IMMOBILIARE LLC					
Principal Place of Business 2700 GLADES CIRCLE SUITE # 145 WESTON, FL 33327			Mailing Address 2700 GLADES CIRCLE SUITE # 145 WESTON, FL 33327		
2. Principal Place of Business - No P.O. Box # 10556 NW 26 ST.		3. Mailing Address 10556 NW 26 ST.			
Suite, Apt. #, etc. D 101		Suite, Apt. #, etc. D 101			
City & State Doral, FL		City & State Doral, FL			
Zip 33172		Zip 33172			
Country U.S.		Country U.S.		04292008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 26-2503790				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BARO, FRANCISCO SR. 2700 GLADES CIRCLE SUITE # 145 WESTON, FL 33327	
7. Name and Address of New Registered Agent Name Cabanas & Associates, PA Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26 St. - Ste. C201 City Doral FL Zip Code 33172				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Joseph F. Cabanas 04/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRI, ROBERTO 2700 GLADES CIRCLE WESTON, FL 33327	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRI, ROBERTO 10556 NW 26 St. - D 101 Doral, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IDSARDI, LUISANA 2700 GLADES CIRCLE WESTON, FL 33327	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IDSARDI, LUISANA 2700 GLADES CIRCLE WESTON, FL 33327	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IDSARDI, LUISANA 2700 GLADES CIRCLE WESTON, FL 33327	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IDSARDI, LUISANA 2700 GLADES CIRCLE WESTON, FL 33327	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IDSARDI, LUISANA 2700 GLADES CIRCLE WESTON, FL 33327	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  Roberto Ferri 04/28/08 (786) 436 1612 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					